



Treatment for Methamphetamine Dependency is as Effective as Treatment for Any Other Drug Dependency

By Ken Stark

The methamphetamine "epidemic" in Washington State was fast and furious. Almost overnight there were stories of meth labs being busted everywhere. Stories abounded in the media and among professionals about these "drug crazed" individuals who were cooking up meth and becoming extremely violent. Statements have been made that this is the most addictive drug we've ever seen, that treatment approaches available to our communities were ineffective and that we must look at a different approach to deal with this new menace – methamphetamine. This was the mid-1990's, and among many folks, this is reality even today.

I remember 1988: similar time – similar statements being made – different drug – crack cocaine. Everybody got caught up in the "this is the most addictive drug we've ever seen – treatment isn't effective" syndrome, just as has happened with methamphetamine. Our emotions, rather than our wisdom, began to drive policy. As usual, when we

create fear in communities and the media picks it up, rumor and myths seem to become fact and bad policy is pursued. And, worst of all, so called national experts emerge almost overnight and hit the consultant trail (talk and travel as I call it) feeding the fear frenzy and doing very little to separate fact from fiction. Even the national

(federally-funded) research seems to play to some of the myths.

For those of you in the treatment field, this behavior ought to make you angry. It builds a stigma toward individuals with methamphetamine dependency that is near impossible to break down. The myths promote the perception that all methamphet-

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Prevention and Treatment Resources

DASA website: www1.dshs.wa.gov/dasa

Chemical Dependency Professionals:
<http://www.cdpcertification.org/default.asp>

Alcohol/Drug 24-Hour Helpline:
1-800-562-1240
www.adhl.org

Alcohol/Drug Prevention Clearinghouse:
1-800-662-9111
<http://clearinghouse.adhl.org>

Media Literacy:
www.teenhealthandthemedianet

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Progress in the 2004 Legislative Session

By Doug Allen, Acting Director

The 2004 Legislative Session is now over. In this "short" two month-long session, staff at the Division of Alcohol and Substance Abuse (DASA) reviewed some 275 bills and amendments, providing expertise on a very wide range of subjects linked in some way to the prevention, intervention, and treatment of alcohol and other drug abuse. While this was not the year during which the biennial budget is set, the Legislature passed a supplemental budget with several items of interest to the division.

After failing to be enacted in several previous sessions, the Legislature enacted HB 2014, which prohibits health insurers from denying coverage for the treatment of an injury solely because the injury resulted from the use of alcohol or narcotics. It also repealed a more-than-50-year-old law allowing disability insurers to deny coverage for such injuries. The previous law acted as a deterrent to emergency department physicians noting alcohol/drug-related problems, and thus being able to intervene in their patients' substance abuse. Passage of HB 2014 was important in removing a barrier to full implementation of the Washington State Screening Brief Intervention Referral and Treatment (WASBIRT) grant. Special thanks must be offered to Dr. Larry Gentilello, formerly of Harborview Hospital and representing the American Association of the Surgery of Trauma, who has been working for passage of this bill for years.

SHB 2660 revises statutes involving alcohol-related offenses. Under the new law, the mandatory use of ignition interlocks is expanded. They will now be required after the suspension of a driver's license for any driving under the influence (DUI) offense or alcohol-related deferred prosecution. At the same time, provisions are made to issue "temporary restricted licenses" to individuals who have lost them for alcohol-related offenses such as DUIs, thus enabling them to work or attend treatment for substance abuse problems. SHB 2660 also increases the periods of driver's license suspensions or revocation for

DUI convictions, including a loss of license of two years for a first-time offender who refuses to take a BAC test.

E2SSB 6358 is designed to improve collaboration among the Department of Corrections, mental health system, and the chemical dependency treatment system in dealing with offenders. The new law sets out expectations of communication between multi-disciplinary teams in working with offenders who are subject to treatment orders.

ESB 6411 – the Act for Hungry Families – outlines a series of steps designed to decrease food insecurity among Washington families. Included in the new law is the lifting of the lifetime ban on individuals with felony drug convictions from receiving food stamps.

Finally, ESSB 6478 increases regulation of the sale of ephedrine, pseudoephedrine, and phenylpropanolamine. These are precursor chemicals used in the manufacture of methamphetamine.

The Supplemental Budget included two items of interest to the division. The Legislature appropriated \$250,000 for the Washington State Mentoring Partnership. In addition, \$500,000 was added to the Fiscal Year 2005 budget for Treatment Alternatives for Safer Communities (TASC) programs linked to six county drug courts.

Thanks to all DASA staff who worked so hard to ensure we were able to respond to the Department of Social and Health Services and legislative requests for timely, informed, and accurate appraisals of budget and legislative proposals. 🐼

Student Leaders Receive National Award

Leaders in Action and Sunnyside's Promise program received the "Outstanding Youth Leadership Award" at the Substance Abuse and Mental Health Services Administration (SAMHSA) Faith and Community Summit during the Community Anti-Drug Coalitions of America (CADCA) Conference in January. This award was presented by: Beverly Watts Davis, Director, Center for Substance Abuse Prevention, SAMHSA, U.S. Department of Health and Human Services; Arthur Dean, Major General U.S. Army Retired, Chairman and Chief Executive Officer, Community Anti-Drug Coalitions of America and Mary Ann Solberg, Deputy Director, White House Office of National Drug Control Policy.

Seven students were recognized for positively impacting their peers through activities and healthy decisions by providing alternatives to young people who are tempted to use alcohol, tobacco, and other drugs. Leaders in Action are high school athletes, club presidents, and church youth fellowship leaders. These leaders are focusing on 5th and 6th grade students due to the early initiation of drugs in our community. Leaders are developing awareness programs for classroom presentations in Sunnyside schools and their faith-based youth groups. Over the past two years many of these students have courageously made a stand against drugs and have taken on the difficult task of being a healthy role model and setting a new norm within the community. 🏡

NIAAA Announces New Underage Drinking Policy Info on APIS

The National Institute on Alcohol Abuse and Alcoholism has added detailed information on seven new policy topics, including extensive coverage of laws pertaining to underage drinking and access to alcohol. The Alcohol Policy Information System (APIS) web site is <http://alcoholpolicy.niaaa.nih.gov>. The update brings the number of policy topics covered by APIS to 29, encompassing such diverse areas as alcohol control systems, taxes on alcohol beverages, blood alcohol content (BAC) limits, alcohol consumption by pregnant women, and limitations on insurers' liability for losses due to intoxication.

The goal of the APIS project is to encourage and facilitate research on the effects and effectiveness of alcohol-related public policies in the United States. 🏡

New Underage Drinking Prevention Tools for Schools

The Center for Enforcing Underage Drinking laws proudly announces the publication of our new document, "Schools and the Community Alcohol, Tobacco & Other Drug Environment: Opportunities for Prevention." It's a long title, but it contains a lot of ideas on how schools can develop and implement environmental strategies for preventing teen drug use. The publication is available on our website: www.udetc.org/documents/SchoolsCommunities.pdf

We are also excited about sharing with you two Success Stories from the States of Georgia and New Hampshire. They illustrate how partnership, leadership, and political will can lead to changes in enforcement practices, retailer behavior, and, ultimately, in retail compliance rates.

And finally, we know that many of you often have questions about specific laws in your state. A great resource for answering some of these questions is the National Liquor Law Enforcement Association's "Alcohol Beverage Control Enforcement: Legal Research Report." The document was completed by the Pacific Institute for Research and Evaluation (PIRE) under contract with the National Highway Traffic Safety Administration. The report provides an analysis of twelve policies that pertain to alcohol beverage control enforcement in the areas of underage drinking and impaired driving. This is a "must read" for enforcement officers and advocates alike. You can access the document at www.nllea.org/reports.htm. 🏡



To continue bringing you useful information in FOCUS, let us know what matters most to you, and the drug prevention and recovery news and successes happening in your community. Send your comments and information to Deb Schnellman at schneda@dshs.wa.gov.

Methamphetamine Treatment continued

amine dependent persons are extremely violent and untreatable, neither of which are true statements descriptive of the majority of methamphetamine dependent persons. While we all must acknowledge that methamphetamine is a terrible drug, an addictive drug, and, that some methamphetamine dependent persons do experience drug induced psychoses (as do folks on other stimulants, PCP, hallucinogens, and other drugs) exhibiting dangerous and violent behavior, that is not the norm.

It is not uncommon for people who see extreme cases (like police officers) to believe that all methamphetamine users are like that (dangerous and violent). However, it is up to people in the treatment field, who interact with the broader population in need of treatment (not just the extreme cases), to educate the larger community and not fall prey to the rumors and myths.

Hopefully, this article can shed some light on fact versus fiction. Without venturing into areas where I have no data or expertise (law enforcement, bio-chemistry), I will present the facts that clearly shows persons with methamphetamine dependence are as treatable as any drug dependent person, without any "specialized" treatment approaches beyond that which is and has been provided in our public-funded treatment programs in Washington State.

Myth:

Treatment for methamphetamine is not effective – these people are not treatable.

Fact:

While it is true that you cannot treat someone in a drug-induced psycho-

sis (methamphetamine driven or other drug driven), once detoxed and stabilized, treatment retention, reduced crime, improved employability, reduced acute health care costs and other outcomes post treatment are as good for methamphetamine as with other drugs.

Myth:

Treatment for methamphetamine requires a special treatment approach developed for individuals with methamphetamine dependence.

Fact:

While it is true that stimulant dependent persons (methamphetamine, cocaine, other stimulants) are generally more excitable and agitated than persons with opiate addictions or alcoholism, all treatment plans should be individualized and be able to deal with group (or individual) differences without a new treatment approach. Research on our public treatment programs that serve persons with various addictions integrated into combined groups demonstrate that good outcomes can be achieved without a "specialty treatment program".

Myth:

Treatment for methamphetamine requires longer treatment periods.

Fact:

The question here is, longer than what? Much of the national research (of which there is little) talks about longer than 21-28 days needed for methamphetamine treatment. These studies generally recommend around 90 days. Well, I agree, most methamphetamine dependent persons, as

well as persons with alcoholism or any other drug dependency, need more than 21-28 days of treatment. If they do receive the short term of 21-28 days inpatient, it must be seen as only phase one. Different individuals need different lengths of stay. Our research indicates that consumers achieve better outcomes if they receive 90 days or more of treatment (regardless of drug dependency) than if they receive less than 90 days. We have no research data that suggests that a person with methamphetamine dependency needs more treatment than someone with opiate addiction or even chronic alcoholism.

While I can't speak for services funded outside the Washington State public-funded treatment system, I can tell you that our certified treatment providers serve just over 5,000 persons with methamphetamine dependence each year (with public funds) and the outcomes they achieve are as good as the outcomes of those with other drug dependencies.

Now, the real questions are:

- Are the Washington State treatment providers that much more effective than the rest of the country? (which, by the way, wouldn't be the first time); or,
- Has nobody else really compared treatment outcomes by primary drug, including methamphetamine, in treatment programs serving a variety of drug dependent individuals in integrated group settings?

For copies of our detailed fact sheets on methamphetamine treatment outcomes, please go to our Web-site at <http://www1.dshs.wa.gov/dasa/>.

See page 5 for a summary of the fact sheets.

Methamphetamine tablets



New Research on Treatment for Methamphetamine and Other Stimulants

By Felix I. Rodriguez, Ph.D., DASA Research and Evaluation Section

Two fact sheets released recently by the Division of Alcohol and Substance Abuse show that treatment for methamphetamine dependency is as effective as treatment for any other drug. The first report, authored by Dr. Bill Luchansky of Looking Glass Analytics, compares treatment outcomes between methamphetamine users and users of other substances who were admitted to publicly-funded treatment in Washington State.

Among youth clients, the report finds no significant difference between methamphetamine users and users of other substances in the rate of treatment readmission and conviction for felony or any criminal charge. Among adults, the report finds no significant difference between the two groups in the rates of treatment readmission, employment, and arrests. Adult methamphetamine users had significantly fewer inpatient hospital admissions in the year following treatment compared to users of other drugs.

The second report written by Dr. Daniel J. Nordlund, Dr. Sharon Estee, and Greg Yamashiro of the Research and Data Analysis Division, Washington State Department of Social and Health Services, specifically looks at Washington State recipients of Supplemental Security Income (SSI) and compares users of stimulants, including methamphetamines, to users of other substances. The report compares these two groups on measures of health care costs and rates of conviction and arrest following treatment. The report reveals that reduction in health care costs for both groups were about the same, \$296 per person per month among stimulant users and \$267 per person per month among users of other drugs. The risk of rearrest among stimulant users decreased by 16 percent following treatment, about the same as 19 percent among users of other drugs. The risk of conviction among stimulant users dropped by 28 percent compared to 15 percent among users of other drugs.

The report authored by Dr. Luchansky is entitled *Treatment for Methamphetamine Dependency is as Effective as Treatment for Any Other Drug*. The other report is entitled *Treatment of Stimulant Addiction Including Addiction to Methamphetamine Results in Lower Health Care Costs and Reduced Arrests and Convictions: Washington State Supplemental Security Income Recipients*. Both reports may be obtained from the Washington State Alcohol/Drug Clearinghouse by calling 1-800-662-9111 or (206) 725-9696 (within Seattle or outside Washington State), by emailing clearinghouse@adhl.org, or writing to 6535 5th Place South, Seattle, Washington 98108-0243.

National Prevention Symposium to Showcase the Latest Research and Strategies for Combatting Youth's Most Critical Health Risks



“Dangerous Minds” author to keynote national event for prevention professionals.

School and community prevention professionals from across the country will gather in Seattle from July 28 to 30 to attend the ninth annual National Prevention Symposium: Learning from Our Past...Creating Our Future, presented by Comprehensive Health Education Foundation

Attendees will learn about the latest research and strategies for addressing the most critical health risks facing youth today, including obesity, alcohol and other drug abuse, HIV/AIDS, smoking, sexual activity, violence, and bullying.

Leading off this year's National Prevention Symposium will be keynoter LouAnne Johnson, best-selling author, educator and the inspiration for the movie *Dangerous Minds*, which starred Michelle Pfeiffer. Other keynote presenters include Barbara Coloroso, author of the groundbreaking book *The Bully, the Bullied, and the Bystander*; Dr. Terry Tafoya, a Native American storyteller and family therapist; Timothy Condon, PhD, deputy director of the National Institute on Drug Abuse; and Daniel McGoldrick, director of research for the Campaign for Tobacco-Free Kids.

All Symposium sessions will be held at the downtown-Seattle Renaissance Madison Hotel, 515 Madison Street. For more information on this year's National Prevention Symposium, or to register, call 800-323-2433 or visit the C.H.E.F. Web site at www.chef.org and click on “events.”

Patients and Staff Enjoy *Nunsense A-MEN!* in Spokane

By Mary Testa-Smith

Spokane Theatrical Group (STG) invited chemical dependency patients and staff to the full dress rehearsal of *NUNSENSE A-MEN!* at the beautiful Met Theatre in February. This version features an all-male cast, each of whom has impressive professional credits and some who have talent that has been recognized on the national level.

Four residential adult agencies were invited to send as many patients as they chose, with the recommendation that patients with longer continuous sobriety would be the most appropriate. Each administrator accepted the invitation and provided transportation and staff. Lead Counselor Lynda Garlick of American Behavioral Health, which sent 30 people, said, "The patients all said that it was incredible to have so much fun at a clean and sober event."

Mark Brownlow, Administrator of Spokane Addiction Recovery Centers (SPARC), noted that the interactive nature of live theatre creates a quality of human connection that movies do not, and that this benefit held true for his 41 patients and staff who attended. "Some of the patients had never experienced such stimulating, clean and sober fun before," he said. "They appreciated the opportunity to attend."

Buses and vans, arranged for by the administrators, transported the patients, many of whom had dressed up for the occasion. "The play was hilarious, according to the ten patients and staff who attended from Isabella House," noted Administrator Fariba Nikdel. "It was great that they got to see it."

The 15 who attended from Sun Ray Court "absolutely loved the show. They talked about it the whole next day," said Thomas Cook, Administrator.

It wasn't all laughs. In reflective silence, the audience members leaned forward as the character of Sister Robert Ann described her juvenile delinquency and reform school experience. She reminded us that each of us has

the potential to become the person we want to be.

A scene in which a nun unwittingly inhales an illegal substance was a potential issue. Administrators were advised about this scene when the invitation was extended. "It did trigger a few reactions, but we dealt with it as a group in the van on the way back. Even the patients

who were triggered felt safe because

they were with other clean and sober people. It was a good thing, since they will have to cope with real situations like this when they get out of treatment," said Ms. Garlick.

Several patients said they had never attended a play before. Some said "absolutely awesome!" and "I haven't laughed this hard in ages!" Almost every one of the patients sought out an STG cast, crew, or board member to personally thank for the opportunity to attend.

The cast and crew of *NUNSENSE A-MEN!* were very impressed with the audience's demeanor. Artistic Director and cast member

Troy Nickerson said, "We provide this service to give back to the community, and the actors benefit from having a live audience. But we didn't expect to have such a good time ourselves. This was the most responsive, enjoyable audience we've ever had. They are amazing!" Being so inspired, the entire cast, in an unusual and unplanned move, came to the lobby after the show to meet audience members and to sign autographs.

"I'm afraid that every audience from now on will be a disappointment," sighed one "Sister."

Administrators who are interested in providing their patients with similar experiences should contact their local community theatre groups to check the availability of free dress rehearsal seats for patients. Each administrator is advised to become familiar with the play's material, evaluate any potential risk, and if it is decided to attend, to provide transportation and adequate staff. 🐾



Best Practice Highlight: Strengthening Families 10-14

By Pam Darby, DASA Regional Prevention Manager

Do any of the following look like your prevention objectives for this biennium?

- Positive change in parenting behaviors
- Improvement in peer resistance skills
- Reduction in "friends who use"
- Lower 30-day use of tobacco

All of these outcomes, and many more, are findings from rigorous longitudinal research done on the Strengthening Families Program (SFP) for youth ages 10 to 14. Research shows that SFP 10-14 has demonstrated its effectiveness in preventing teen substance use. Four years after attending SFP 10-14, participants are significantly less likely than their peers to be past or current users of alcohol, tobacco, or marijuana.

The Strengthening Families Program, SFP 10-14 (sometimes called Iowa SFP), is based on a philosophy of parenting that includes:

- All parents have strengths.
- All parents can benefit from new tools to use in dealing with their youth.
- Pressures and dangers in today's world require parents to be even stronger and more loving than parents of the past.

The curriculum is delivered in seven two-hour sessions and four booster sessions. Parent materials are written at an eighth grade reading level and include videotapes portraying a diversity of families engaging in prosocial behaviors. During the first hour, in separate settings, the adults and young people participate in complementary, highly interactive skill-building activities. The second hour is spent together in supervised family activities related to the work/play just finished. Most providers arrange for food to be served before each session and offer baby-sitting for younger family members.

Washington State University Extension faculty has trained



There was also a marked increase in the number of parents who reported increased communication with their youth about drug and alcohol use.

more than 200 SFP 10-14 facilitators, including several who are prepared to provide the program in Spanish. Dr. Laura Hill, at WSU, has studied the results of the program as delivered in 11 sites in Washington State, finding that caregivers showed significant positive change. There was also a marked increase in the number of parents who reported increased communication with their youth about drug and alcohol use. Daily fights

about homework decreased significantly, while the regularity of time and place for doing homework increased.

The popularity of this program, both with participants and facilitators is exemplified by the following:

Kelly and her daughter Cecily, 12, participated in Anacortes through Skagit Recovery Center.

"The thing I appreciated immediately was that they had created a safe place for

my daughter to connect with me, be respectful and love me," Kelly says. "It's a positive safe place where they are creating the environment of loving families. They are creating that as the expectation, which is different than in middle school where the expectation is 'Parents are dopes.'" Kelly adds that the experience has been great for Cecily so far. In fact, Cecily reminds Kelly of the nights they are to go to Strengthening Families. "She really wants to go," Kelly says.

Christine Valdez, who facilitates the youth sessions, says, "I was excited about the program when I was trained, but I really was not prepared for what I experienced when we actually presented our first series. We witnessed miracles happen in that room as we watched parents and their children laughing, playing, and sincerely enjoying each other's company."

P-CAP Receives National Recognition

In January, the National Healthy Mothers, Healthy Babies Coalition awarded the Parent-Child Assistance Program (P-CAP) honorable mention for their intervention work with alcohol and drug-dependent mothers to reduce risk behaviors and enhance the health and well-being of the family.

P-CAP, originally funded in 1991 by the Center for Substance Abuse Prevention as a research dem-

onstrator grant at the University of Washington, has been funded by state appropriation and administered by DASA since 1997. The program currently serves approximately 360 families in King, Pierce, Yakima, Grant, and Spokane counties. P-CAP will be recognized in May at an awards benefit on Capitol Hill, Washington, DC.

The mission of the Healthy Mothers, Healthy

Babies Coalition is to improve the health and safety of mothers, babies and families through education and collaborative partnerships of public and private organizations. For more information about P-CAP's award, contact Theresa Grant, Ph.D., Director, Parent-Child Assistance Program, University of Washington School of Medicine, (206) 543-7155.

Washington State Screening, Brief Intervention, Referral and Treatment (WASBIRT)

By Dennis W. Malmer, Project Director

WASBIRT is a federally-funded, "Cooperative Agreement" between the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (CSAT), and the state of Washington. Washington is one of six states and one Indian Tribe to receive the award. It is a five-year project that began October 1, 2003. WASBIRT will provide screening, brief intervention, referral and treatment to people who come to a hospital emergency department with an injury, and appear to be at risk for alcohol or other drug misuse or dependence.

There is wide agreement in the medical field that traumatic injury creates a "teachable moment" or a unique opportunity in the course of the addiction process. This moment or opportunity happens when patients make the connection that the injury is a result of alcohol or other drug misuse.*

WASBIRT chemical dependency professionals (CDPs) will screen an average of 34,680 patients per year and anticipate

referring over 4,000 patients per year for further services. Services will be provided in hospital emergency departments located in Everett, Seattle, Spokane, Tacoma, and Vancouver.

In February 2004, participating chemical dependency service providers began recruiting WASBIRT CDPs to provide screening, brief intervention, and referral services. Training for agencies and CDPs was conducted in February, March, and April. Participating hospitals will begin implementing services in April and May 2004.

Intervening with injured patients who may be misusing alcohol or other drugs holds great promise for preventing a significant portion of traumatic injuries. Even a single session of brief, empathic interventions can decrease consumption of alcohol and its adverse effects by 20 to 50%.*

Expectations are high for the success of WASBIRT. If you have any questions about WASBIRT, please contact Dennis Malmer toll free at 1-877-301-4557, (360) 438-8086, or by e-mail to malmedw@dshs.wa.gov.

**Substance Abuse and Mental Health Services Administration, CSAT, Alcohol and Other Drug Screening of Hospitalized Trauma Patients, Treatment Improvement Protocol #16, 1995.*

Smoking in Movies Returns to 1950's Levels

By Becky Ham, Science Writer, Health Behavior News Service

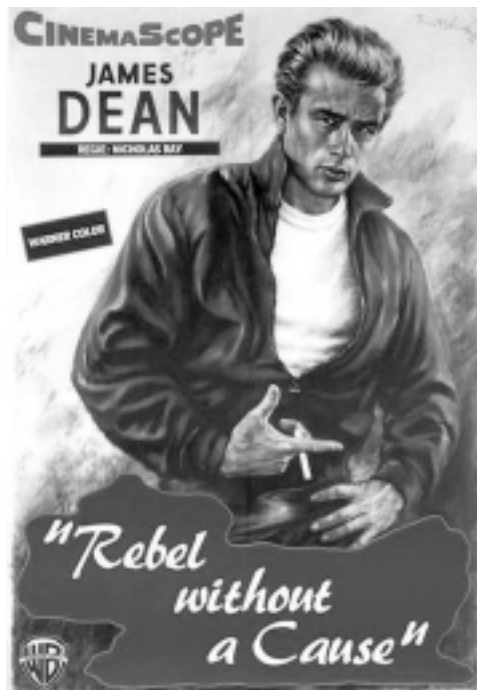
Today's movie actors are lighting up as much as their 1950s counterparts, according to researchers who say cigarettes made a dramatic return to the silver screen in the past decade.

In the top-grossing films of the 1950s, there were 10.7 smoking "incidents" - characters taking a drag, prominently displayed ashtrays or tobacco ads - per hour of screen time, Stanton A. Glantz, Ph.D. and colleagues found. By the early 1980s, smoking had become scarce, appearing only 4.9 times per hour.

Cigarettes have made a comeback, however, beginning in 1989 and steadily increasing their appearances until 2002, when the researchers counted 10.9 smoking incidents per hour of screen time in the top grossing films. Their study appears in the American Journal of Public Health.

"Despite declining tobacco use and increasing public understanding of the dangers of smoking in the real world, smoking in movies has returned to levels ob-

served in 1950, when smoking was nearly twice as prevalent in reality as it was in 2002," Glantz says.



Glantz and colleagues worry that the rise in screen smoking will encourage teens to smoke, since previous studies have shown a link between smoking in the movies and youth smoking habits.

"Particularly with the long shelf life that movies gain through television rebroadcast, videotape and DVD, the pro-tobacco influence of the high smoking levels in recent movies will continue to be a pro-tobacco influence on teenagers for years to come unless remedial action is taken," Glantz warns.

The study was supported by the National Cancer Institute and the American Legacy Foundation. This article was reprinted with permission from Health Behavior News Service: www.hbns.org. The study, Back to the Future: Smoking in Movies, is available online at the American Journal of Public Health, www.ajph.org. (keywords: Smoking in Movies).

Washington State Patrol Trains Officers on Fetal Alcohol Syndrome

By Sue Green, DASA Women's Services Lead

The Fetal Alcohol Syndrome Interagency Workgroup (FASIAWG) has been working with the Washington State Patrol (WSP) to develop training for their officers that are enrolled in the WSP academy. Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effect (FAE), also known as Fetal Alcohol Spectrum Disorders (FASD) (Streissguth and O'Malley), Partial Fetal Alcohol Syndrome, and Alcohol Related Neurodevelopmental Disorder, are the leading known causes of mental retardation and are 100 percent preventable. Each year, approximately 12,000 infants are born in the United States with FAS and FAE suffering irreversible life-long physical and mental damage. FAS and FAE are national problems that can impact any child, family, or community.

More than half of all individuals with FAS/FAE get in trouble with the law. This is particularly likely to happen when those individuals are adolescents or young adults.

Individuals with FAS/FAE can do themselves considerable harm if they respond to police officers in an inappropriate manner. What individuals with FAS/FAE say or do in the presence of the police can affect whether they are arrested and/or whether they go to jail or prison. Many of the basic things that non-disabled persons understand about dealing with the police are not grasped by individuals with FAS/FAE.

The WSP will be providing education and training specific to FAS, and include it as part of the lesson plan in dealing with individuals with special needs/concerns. The officers will be instructed to provide an arrest report that would contain all behaviors/actions prior to and during the suspect's arrest that could later be used to identify a specific health condition, including FAS/FAE.

DASA thanks WSP Deputy Chief Steve Jewell, WSP Deputy Chief Paul Beckley, WSP Chief Lowell Porter, and former WSP Chief Ronal Serpas for their commitment and support of including FAS/FAE education and training for the WSP officers.

Many of the basic things that non-disabled persons understand about dealing with the police are not grasped by individuals with FAS/FAE.

The problems that can arise include the following:

- Individuals with FAS/FAE may make potentially incriminating statements to the police. These statements may be about whether they committed a crime, or may be about how serious any misconduct may have been.
- Individuals with FAS/FAE may be persuaded by the police (even inadvertently) to admit to crimes which they did not in fact commit.
- Individuals with FAS/FAE, in order to win the favor of more sophisticated companions or to please the police, may take responsibility for crimes committed by others.
- Individuals with FAS/FAE may consent to searches of themselves or their possessions in circumstances in which non-disabled sophisticated individuals would not.
- Individuals with FAS/FAE may panic during encounters with the police, running away or resisting arrest--thus creating a basis for additional criminal charges and risking harm to themselves and/or to others.
- Individuals with FAS/FAE may say that they understand their legal rights when in fact they do not.

Teens Rebel Against Tobacco

By Giovanni Juarez

I have been a member of the King County Tobacco Youth Coalition for two years now. I decided to join because I wanted to learn more about tobacco and how it does harm your body. About three months ago, our group decided to make up a name for our group. All of us came up with ideas, and we voted on our favorite name. We decided on T-Rat; which stands for Teens Rebel Against Tobacco.

Then our youth leader, Jennifer Velotta, asked us to design a logo for our new sweatshirts. Now we have a sweatshirt that we love to wear! Many of the youth have been participating in our group for three years.

We hope that people who want to know more about tobacco and how it harms your body comes and joins our group. We have monthly meetings in the Log Cabin at White Center Park of King County. For more information about T-Rat, please contact Jennifer Velotta at 206-722-4222.



Washington State Coalition on Women's Substance Abuse Issues 2003 Award Recipient

By Ann Forbes, Chair, WSCWSAI

The Washington State Coalition on Women's Substance Abuse Issues (WSCWSAI) presents an annual award for outstanding service to women. This year's award was presented to Charlotte Hunter, Program Director of Eastcenter Recovery at Grays Harbor Community Hospital. The presentation took place in Burien at a workshop sponsored by the Coalition. A candidate from Eastern Washington will be selected for the award to be presented at a Coalition-sponsored workshop in Yakima. This gives us an opportunity to recognize the 'unsung heroines' who have consistently contributed so much for other women. By giving two awards we are able to acknowledge women from various parts of the state who have given so much in so many ways for better treatment for all but especially for women.

Charlotte Hunter has been in the nursing profession since 1965. She managed a 45 bed OB/GYN Unit for the U.S. Army in Germany for two years. Following her discharge she remained on inactive reserve status while managing a 30 bed OB/GYN unit in Miami, Florida for ten years.

When she moved to Washington, she settled in the Grays Harbor area and was employed as a nurse at the Ocosta School for four years while working part time as a Home Health Nurse in Westport. She was a First Responder for 10 years on the South Beach Ambulance Services. Charlotte has worked in the Chemical Dependency Unit at Grays Harbor Community Hospital for 17 years. In 1990, she became certified as a Chemical Dependency Nurse.

After starting out in the unit as the night and evening relief person, then the Head Nurse, she moved to the directorship of the program in 1993. It was due to Charlotte's persistence and dedication as well as being a "voice for recovery" that the unit did not close when the Care Unit ended its contract with the hospital. Charlotte did not want to see the

treatment center leave the Harbor as it was so sorely needed, and there were stories circulating that she "advocated, cajoled, pushed, had meetings, and might have even coerced people from the bar stools to fill the beds and prove to the 'powers that be' that treatment was needed and the unit should not be closed."

Whatever it took, this treatment center has been a success. In 1993, she started the Chemically Using Pregnant Women program. The treatment center claims to be unique

in that if a woman delivers while in treatment, she can return with her infant to complete treatment. Four hundred women have completed this specialized treatment in the past 11 years.

In 1994, the Alcohol/Drug Helpline gave Charlotte the Margaret Burris award for her excellence in Chemical Dependency Nursing, and her ability to preserve a treatment center against all odds. Other awards she has received along her very interesting

career are as follows: Distinguished Meritorious Award of Commendation from the United States Army; Certificate of Award for Outstanding Achievement in the delivery of quality nursing care; Certificate of Deep Appreciation for Caring Service and Dedication on National Nurses Day in 1989.

We all need to be proud and pleased to have such a contributor in our system, and it was with great pleasure the committee chose this outstanding candidate. I was honored to be able to present this, but I was sorry that we were not able to do this at our annual conference. This type of work

needs to be acknowledged by many more people, and though we know Charlotte was not doing it for recognition, she has given hundreds of extra hours to help in her community for the betterment of young girls and women. Thank you, Charlotte. All of us appreciate your dedication.



Charlotte Hunter (right) accepting award from Ann Forbes.



Drug Dependent Moms and Their Babies are Healthier, Safer Because of Multi-Agency, Comprehensive Services

By Felix I. Rodriguez, Ph.D., DASA Research and Evaluation Section

Drug dependent mothers and their babies are healthier and safer as a result of participating in Safe Babies, Safe Moms, according to a report released recently by the Research and Data Analysis Division of the Washington State Department of Health and Social Services (DSHS). Safe Babies, Safe Moms is a comprehensive program that aims to improve the health of drug dependent mothers and their babies by offering a wide array of services that include intensive case management, chemical dependency (CD) treatment, housing support services, parenting education, and child development assessments and referrals. It is a collaboration between DSHS agencies (Division of Alcohol and Substance Abuse, Medical Assistance Administration, Economic Services Administration) and the Department of Health (DOH). From January 2000 through June 2003,

445 drug dependent mothers and their children participated in three pilot sites in Benton-Franklin Counties, Snohomish, and Whatcom County.

The report authored by Dr. Laurie Cawthon reveals that drug dependent mothers and their babies showed significant improvement in health and social behavior following their participation in the pilot program.

A copy of the report entitled *Safe Babies, Safe Moms* may be obtained from the Washington State Alcohol/Drug Clearinghouse by calling 1-800-662-9111 or (206) 725-9696 (within Seattle or outside Washington State), by e-mailing clearinghouse@adhl.org, or writing to 6535 5th Place South, Seattle, Washington 98108-0243.

The report is also on-line at <http://www1.dshs.wa.gov/rda/default.shtm>.

Key findings highlighted in the report are:

- Infants who were born after program enrollment had a lower proportion of those with low birth weight compared to babies born before program enrollment, 5.5% versus 8.9%.
- The rate of accepted Child Protective Services (CPS) referrals in the first year of life for infants whose mothers enrolled in the programs before delivery was lower by 35 percent compared to that of infants whose mothers enrolled after delivery.
- Arrest rates for mothers with CD treatment decreased by more than 50 percent when comparing arrests that occurred two years before program entry and two years after.

IWASIL Opens Boys and Girls Club

By Jackie Jamero-Berganio, Program Manager, King County AOD Prevention Program

In January over 250 people attended the IWASIL Boys and Girls Club Grand Opening at El Centro de La Raza. Robert Maestras, CEO of El Centro, called it "one of the top five events ever held at El Centro."

Adrian Verzola, Unit Director of IWASIL, shared that "many dance groups of color performed, including the Polynesian Student Alliance of the University of Washington, the Filipino Dance Group, Baby Dangerettes and Miss Dangerettes of the Rainier Vista Boys and Girls Club, Red Eagle Soaring Theater Group, the Quinto Sol Mariachi Band, the Tulalip Canoe Family Group, IWASIL Dancers, White Eagle Singers, and the El Arcoiris Class of 4-5 year olds, who sang the 'welcoming song'. IWASIL honored these groups of color for their many years of love and support for our Native community."

For more information about the IWASIL Boys and Girls Club, contact Adrian Verzola at (206) 325-3942.



Adrian Verzola giving opening remarks at grand opening.

Asian Counseling and Referral Service Awarded \$1.2 Million Grant

The federal Substance Abuse and Mental Health Services Administration awarded Asian Counseling and Referral Service (ACRS) \$1.2 million to create a recovery center for Asian Pacific Americans battling drug and alcohol addiction. This is the largest grant ACRS has received during its 30-year history. ACRS began the development of this center with community forums in December.

"Individuals who are trying to kick devastating chemical de-

pendency often suffer setbacks because they don't have adequate support. Their whole social world is usually tied to drinking or taking drugs," explained Miae Christofferson,

project manager. "This project is designed to give them and their families an alternative so they can rebuild their lives."

While there is limited information on the prevalence of substance abuse among Asian Pacific Americans, the rising number of people seeking treatment from ACRS indicates the need for comprehensive services. In 1999, for instance, ACRS served only 34 clients in its state-certified substance abuse treatment program; in 2002, it saw 257 people for treatment – a 656 percent increase. The treatment program offers individual, family and group counseling, drug and alcohol assessment, language/ethnic-specific sober support groups and assistance in meeting housing and other basic needs.

The new four-year project, called ACORN (Asian Pacific American Community of Recovery Network) Center, enhances ACRS' existing treatment program by adding peer counselors, drug/alcohol-free social and recreational activities, life-skills training, English-as-a-Second-Language classes, health and other educational classes, career and leadership development, family support services and cultural events.

Davantara Yinn successfully completed ACRS' treatment program in 2002 and is now the new ACORN peer planner, who will work with people in recovery to develop the center. "This isn't like a job," said Yinn, whose previous experience was in electronics, "it's like treatment. I get support to build a new life and now I can help others do the same."

As part of the ACORN project, Yinn is in a certification program to become a chemical dependency counselor. Christofferson says the center will also assist other people in recovery to develop leadership and job skills.

For more information about the ACORN project, contact Carina A. del Rosario, Communications Coordinator, 206-774-2403, carinad@acrs.org or Miae Christofferson, ACORN Project Manager, 206-774-2425, miaec@acrs.org.

When you can't be everywhere, you find people who can.

WATCHERS

When it comes to keeping marijuana away from your kids, they're your best allies. They're family, friends and neighbors you know and trust. Make sure they know your kids. You're more powerful than you know.

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COMMUNITY.
THE ANTI-DRUG.

Partnership Attitude Tracking Study Finds Teen Ecstasy Use Down by 25 Percent

National data show across-the-board declines in teenagers using various drugs: Lower drug use among teenagers exposed frequently to anti-drug campaigns

Teen drug use continues declining in America, and use of Ecstasy (3-4 methylenedioxymethamphetamine or MDMA) is down by 25 percent in two years, according to new national data released by the Partnership for a Drug-Free America.

The 2003 Partnership Attitude Tracking Study (PATS) reports significant declines in teens using marijuana, Ecstasy, LSD and methamphetamine, as well as noteworthy declines in the number of teenagers using alcohol and smoking cigarettes¹. The data indicate substantial improvements in drug-related attitudes among teens, which are driving consumption downward. The 2003 data contribute to an overall five-year decline in teen drug use.

The study, conducted for the Partnership by RoperASW, under grants from the Robert Wood Johnson Foundation, interviewed 7,270 adolescents nationwide. Data are nationally projectable with a +/- 1.5 percent margin of error.

Education Efforts Contributing to Positive Trend

According to the study, the percentage of teens reporting seeing or hearing anti-drug ads over the past five years has increased by 63 percent (from 32 percent in 1998 to 52 percent in 2003). More teens appear to be internalizing the information anti-drug ads have to offer. The number of teens reporting having "learned a lot" about the risks of drugs from anti-drug ads has increased 65 percent – from one in five teens (20 percent) in 1998 to one in three (33 percent) last year.

The marijuana attitudinal data suggest that the National Youth Anti-Drug Media Campaign is contributing to the turnaround. Coordinated through the Office of National Drug Control Policy, this federally-funded media campaign has focused

intensely on delivering hard-hitting messages about marijuana, the most widely used illicit drug in America. Last year, the campaign placed more than \$130 million in advertising messages in paid media exposure throughout the country. "Changes in teen attitudes about marijuana have not occurred accidentally," Pasierb said. "Data from our survey – and others as well² – show strong correlations between exposure to

tough messages about marijuana and changes in attitudes. The attitudinal data suggest these educational campaigns are contributing to declines in marijuana use." (Through volunteer advertising agencies, the Partnership has developed and donated most of the advertising used in this federally funded effort.)

Areas of Concern

Researchers pointed to three areas of concern, per the study:

1) Inhalant abuse: Fewer kids are seeing risk in using inhalants to get high, and the data report an up-tick in inhalant abuse. Erosion in key risk attitudes suggest more increases are possible.

2) Misuse of prescription drugs: Some 21 percent of teenagers – 1 in every 5 – report using a prescription drug without a doctor's order³.

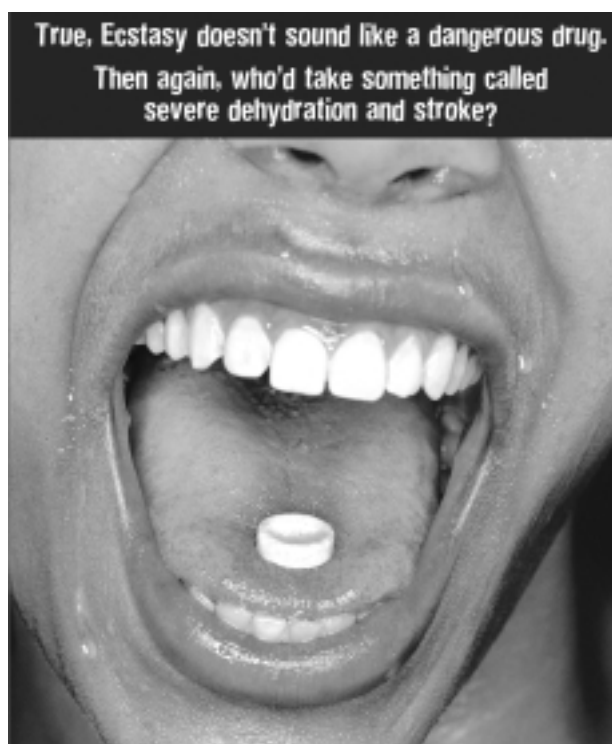
3) Parent-child communication at home: Only one in three teenagers (32 percent) report learning a lot about the risks of drugs at home.

The full Partnership Attitude Tracking Study is available on the Web at www.drugfreeamerica.org.

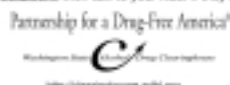
Perceptions of Risk Higher Among Teens Frequently Exposed to Anti-Drug Advertising

% of teen seeing "great risk in"	Saw/Hear Anti-drug Ads Infrequently	Saw/Hear Anti-drug Ads Frequently
Using marijuana regularly	56	63*
Trying Ecstasy	44	50*
Using Ecstasy regularly	72	81*

* Significant difference at the .05 level



Ecstasy sounds harmless, but in high doses it can cause a sharp increase in body temperature, leading to kidney and cardiovascular system failure. More than 1 in 10 American teens have already tried Ecstasy. Make sure your teen knows the risks. Visit askyourkidsaboutE.com, then talk to your kids. If they know you know, they might not use.



¹ All measures of drug use are "trial," "lifetime" and/or "experimentation", unless otherwise noted. These measures capture use of a certain drug at least once in a lifetime. Alcohol, past year and past month. Cigarettes, past month.

² Monitoring the Future study, University of Michigan, Institute for Social Research

³ Since few questions about prescription drugs have been included in PATS, a dedicated study is being commissioned to better understand teen attitudes and usage in this area. Data from this study will be released in late 2004.

Message of Acting Early to Stop Teen Drug Use Resonates with Parents, Youth

New ads released by the White House Office of National Drug Control Policy (ONDCP) and the Partnership for a Drug-Free America, part of ONDCP's "Early Intervention"

initiative, seek to harness the power of parents and peers to prevent and stop teen drug use.

The ads 'Lake,' 'Slam,' and 'Re-wind' remind parents and peers that they are accountable for helping the teens in their lives make healthy decisions about drug use.

The ads can be viewed at www.mediacampaign.org. Brochures, a parent's guide, posters and postcards can also be viewed, downloaded, and linked to websites.



If your child is messing with marijuana and alcohol, no one can say how it will turn out. So why take the risk? If you know or even suspect they are, take action. We're here to help. To find out more, call 800.788.2800, or visit theantidrug.com.

ACTION.
THE ANTI-DRUG.

Since the launch of the National Youth Anti-Drug Media Campaign in 1998 and its more recent effort to dispel common myths about marijuana, teens' perceptions of the risks of marijuana have significantly increased:

- 19 percent of teens perceived a great risk in using marijuana, compared to 16 percent in 1998.
- Teens are significantly more likely than in 1998 to say there is a "great risk" of getting in trouble with the law, losing their driver's license, not getting into a good college, getting hooked on marijuana, and driving dangerously.
- The percentage of teens who report exposure to anti-drug ads over the past five years has increased by 63 percent, from 32 percent (1998) to 52 percent (2003).
- 65 percent more teens report having "learned a lot" about the risks of drugs from anti-drug ads (one in five teens in 1998 to one in three in 2003).

Source: 2003 Teens Partnership Attitude Tracking Study

Resources for National Alcohol and Drug Addiction Recovery Month

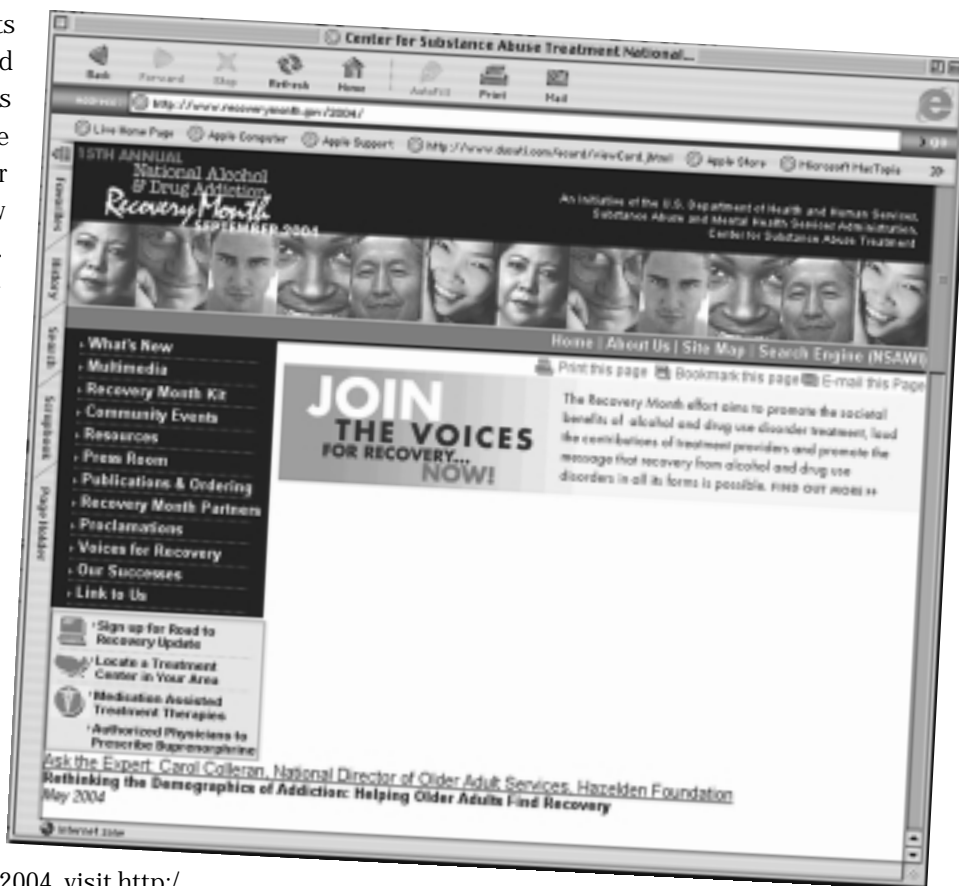
As the 2004 Road to Recovery Web events season begins, the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment (CSAT) invites you and your colleagues to sign up for our new listserve - the Road to Recovery Update.

As a Road to Recovery Update subscriber, you'll receive periodic e-mail updates on activities leading up to National Alcohol & Drug Addiction Recovery Month in September.

You'll learn about upcoming Road to Recovery Webcasts, Recovery Month events, and more. Plus, we'll alert you when new resources become available on the Recovery Month Web site at <http://www.recoverymonth.gov/2004/>.

Subscribing is easy and free of charge - simply enter your e-mail address in our online form: http://www.recoverymonth.gov/2004/_usercontrols/join.aspx

To learn more about Recovery Month 2004, visit <http://www.recoverymonth.gov/2004/>. If you have any questions about the listserve or how to subscribe, contact us by visiting <http://www.recoverymonth.gov/contactus.aspx>.



State and National On-line Resources

- Chemical Dependency Professionals of Washington: www.cdpcertification.org
- Community Anti-Drug Coalitions of America: www.cadca.org
- Join Together: www.jointogether.org
- Media Literacy Education: www.teenhealthandthemedias.net
- National Anti-Drug Media Campaign: www.mediacampaign.org
- National Clearinghouse on Alcohol and Other Drug Information: www.health.org
- National Council on Alcoholism and Drug Dependence: www.ncadd.org
- National Institute on Drug Abuse: www.drugabuse.gov
- Office of National Drug Control Policy: www.whitehousedrugpolicy.gov
- Partnership for a Drug-Free Washington & America: www.drugfree.org
- Substance Abuse and Mental Health Services Administration: www.samhsa.gov
- Washington State Alcohol/Drug 24-Hour Helpline: www.adhl.org
- Washington State Alcohol/Drug Prevention Clearinghouse: <http://clearinghouse.adhl.org>
- Washington State Department of Health – Tobacco Prevention and Control Program Newsletter: www.doh.wa.gov/tobacco
- Washington State DSHS Division of Alcohol and Substance Abuse: www1.dshs.wa.gov/dasa
- Washington State Liquor Control Board: www.liq.wa.gov
- Washington State Mentoring Partnership: www.mentoring.org
- Washington State Office of Community Development – Safe and Drug Free Communities: www.ocd.wa.gov
- Washington State Office of the Superintendent of Public Instruction – Safe and Drug Free Schools: www.k12.wa.us/SafeDrugFree
- Washington Traffic Safety Coalition: www.wtsc.gov

Upcoming Education and Awareness Events: June – August



JUNE '04

- 1-30 Summer Drinking Awareness Kit. Contact: National Council on Alcoholism and Drug Dependence at: www.ncadd.org/programs/awareness
- 4 Saying It Out Loud Conference, Shoreline Conference Center, Seattle. Contact: Ira Stallsworth, (206) 272-2190
- 21-25 Substance Abuse Prevention Specialist Training of Trainers Central WA. Contact: Dixie Grunfelder, 877-301-4557 or grunedd@dshs.wa.gov.
- 25-30 Research Society on Alcoholism, 27th Annual Meeting. Location: Vancouver, Canada. www.rsoa.org/meetings.htm
- 27-July 1 3rd Annual DASA Treatment Institute, Seattle Pacific University. Contact: DASA Training, 1-877-301-4557



JULY '04

- 19-23 University of Washington Summer Institute: "Addiction and Mental Illness in Adolescence: Making Connections." Contacts: (206) 543-1047, cne@u.washington.edu, or on the web at: <http://uwcne.org>
- 28-30 9th Annual National Prevention Symposium Seattle Renaissance Hotel. Contact: Comprehensive Health Education Foundation at 1-800-323-2433 x1890 or www.chef.org



AUGUST '04

- NATIONAL NIGHT OUT, Contact National Association Of Town Watch (800) NITE-OUT or www.natw.org
- 3-6 American Cancer Society's Camp Speak Out! (Youth leadership camp for cancer/tobacco prevention and teen health). Auburn. Contact: 1-800-ACS-2345 or www.cancer.org
- 18-20 19th Annual Merrill Scott Symposium on Alcoholism and other Drug Addictions, Yakima. Contact: Sundown M Ranch, (509) 457-0990 or www.sundown.org
- 22-25 17th Annual National Prevention Network Prevention Research Conference. Kansas City, MO. Contact: Sue Carlson at (405) 325-1447, scarlson@ou.edu or www.nasdad.org

Want to share FOCUS with others? Let them know it's on DASA's website at www1.dshs.wa.gov/dasa (click on "What's New")

**For more information
or to register for trainings,
contact DASA's Training Section
at 1-877-301-4557**

A calendar of 2004 events and prevention and treatment success stories
is now available on DASA's webpage: www1.dshs.wa.gov/dasa.
Printed copies are available from the
Washington State Alcohol/Drug Clearinghouse: 1-800-662-9111



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